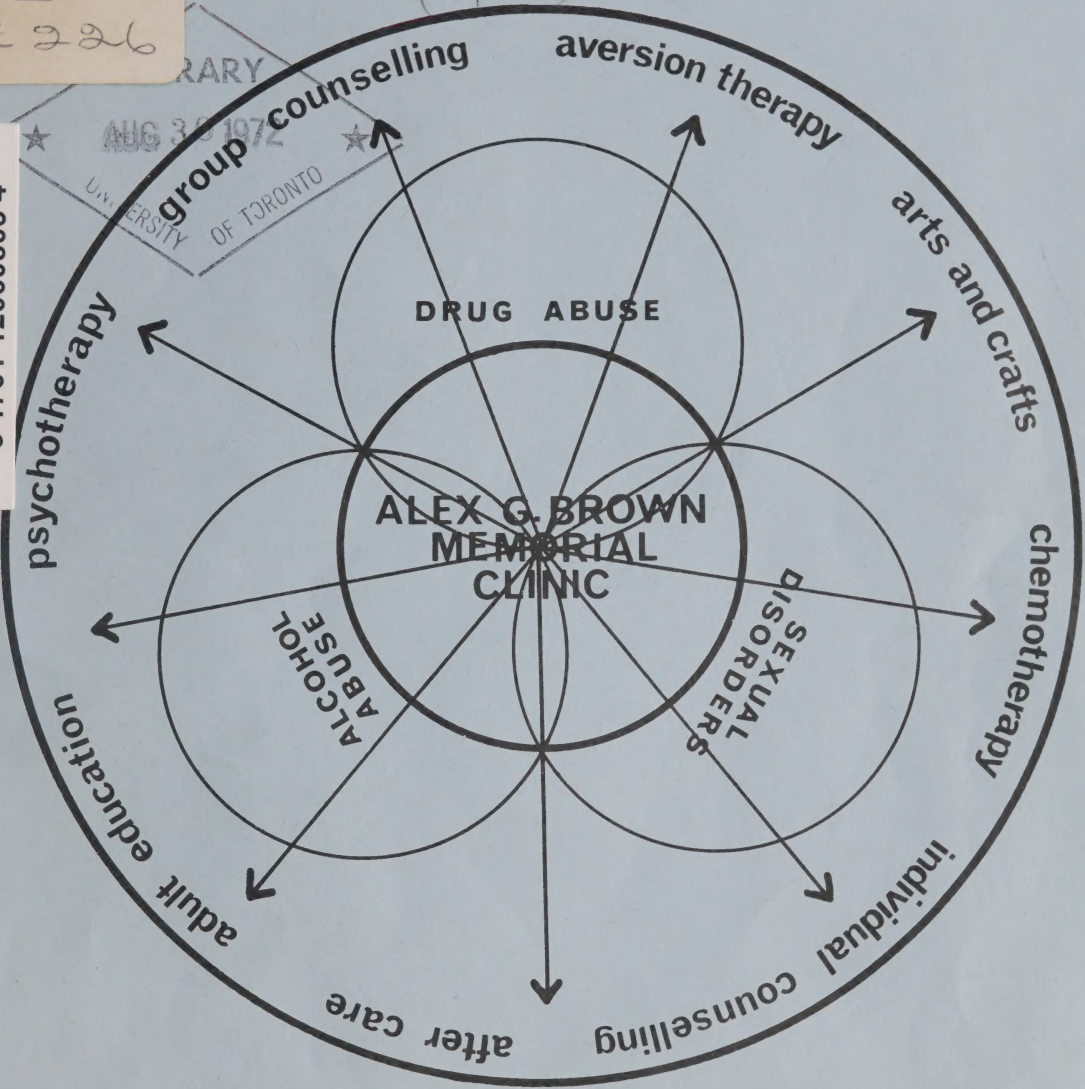


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The Ontario Plan in Corrections

INTRODUCTION

The Alex G. Brown Memorial Clinic is a treatment centre of the Ontario Department of Correctional Services for adult males who are exhibiting problems in the areas of chemical abuse (alcohol, drugs) or sexual disorders.

The Clinic complex consists of four buildings in Mimico, Ontario. The maximum treatment capacity is 66 patients and additional accommodation is available for candidates who are undergoing assessment for the treatment program.

The Clinic was founded in 1951 on the initiative of the Superintendent of Mimico Reformatory, Mr. Alex G. Brown, to provide treatment for inmates who have problems with alcohol. Mr. Brown died shortly before the opening of the Clinic, which is named after him.

The Drug Addiction Treatment Program was initiated in 1956, and as problems with chemical abuse continue to multiply, the program has expanded its resources to meet the increasing demands for this type of service.

In 1961 provisions were made under the Ontario Liquor Control Act for sentencing alcoholics directly to "an institution for the reclamation of alcoholics." At that time, the Clinic was designated a reclamation centre under the meaning of this Act.

In 1965 the Clinic instituted a program to treat pedophilia. This program was recently expanded to encompass virtually all sexual disorders.

Establishment of behaviour modification and phallometric laboratories, as well as the recent acquisition of audio visual facilities, has enabled the staff specialists in this area to add further to the Clinic's diagnostic, treatment, and research capabilities.



ADMISSION POLICIES

There are at the present time three basic programs operating in the Clinic:

- (1) A short-term program for treatment of chemical abuse lasting 40-70 days, the first 10 of which are spent in initial testing and screening.
- (2) A long-term program for treatment of chemical abuse of 3-6 months duration.
- (3) A program for treatment of sexual disorders lasting approximately 6 months.

The period of time spent at the Clinic is, for all three categories, the latter part of the sentence, either prior to unconditional release or prior to parole.

Most candidates for the Clinic's treatment programs are transferred from other adult correctional institutions. Any male inmate in an institution under the Department's jurisdiction who feels that he has a problem with chemical abuse or a sexual disorder may apply for transfer to the Clinic.

Some candidates whose problem is alcohol abuse are sent to the Clinic directly from the courts. If found guilty of being intoxicated in a public place they may be sent by the court to the Clinic for a term of 90 days with the proviso that at any time during this term the Superintendent may release them if it is decided that they will not benefit from further treatment.

All persons sentenced to or selected for the Clinic program undergo a period of candidacy during which they are interviewed, tested, and oriented to the treatment program. Those not accepted are interviewed by the treatment personnel so that they may talk over the problems which prohibited them from entering the program.

ENVIRONMENT

The Alex G. Brown Memorial Clinic is a concrete expression of the Ontario Plan in Corrections as set forth in the Statement of Purpose. This statement emphasizes the need to work towards the personal and social adjustment of all those persons coming under the care of the Department.

To further this purpose the Clinic attempts to establish a climate within which the patient's reality testing can become a learning experience and within which his individualized treatment can take place to the degree allowed by his ability and motivation. This is done in a variety of ways.

The minimum security setting requires, from the outset, the patient's acceptance of the responsibility this

entails, which forms part of the implied contract entered into by new candidates to the Clinic. Thus custody is not only the responsibility of the clinic officer but also of all other staff members and of the patients themselves. The validity of this concept is amply illustrated by the minimum of problems experienced in this area.

Whenever feasible, the patients' recommendations regarding innovations which bring the physical environment closer to community living are instituted, when and for as long as patients are able to cope with the added responsibilities. Unacceptable behaviour is dealt with in the context of the patient's personality problems as seen by all staff involved with him, and the disposition, in so far as possible, is geared to assist his individual treatment program.

Each of the three patient populations is assigned in small groups to a team composed of representatives from the many disciplines. These include representatives from psychiatry, psychology, social work, clinical chaplaincy, administration, aftercare, recreation, and clinic officer staff. Among other advantages, the smaller unit provides greater opportunity for individualization and for increased interaction between patients and staff.

TREATMENT

Treatment of Clinic patients may be described briefly as consisting of the total effort made towards effecting positive changes in the areas of personality, attitude, and behaviour. These changes may be brought about by the use of environmental control or milieu therapy, as outlined above, by physical intervention, or by some form of symbolic interchange. Implicit in the concept of therapeutic change is the expectation that ultimate benefits will accrue to both the patient and the community to which he will return.

The numerous therapeutic contributions provided by the total staff differ in nature, style, and intensity, but each individual staff member, regarded as a "change agent," has the same common goal of helping both patient and community.

(a) Goals

The goals of the Clinic are to contribute to the social and economic well-being of Ontario by providing those offenders in the Department's care who abuse alcohol or drugs or who are sexually deviant with:

- (1) Opportunities to replace their illegal behaviour with a legally acceptable way of life.
- (2) Opportunities for growth towards better psychological and social adaptation.
- (3) Assistance towards their integration into the community.

Patients vary in terms of needs, severity of problems and availability of time for treatment. Furthermore, there are different levels of knowledge and resources available for the various patient populations. In view of this, individualized goals are necessarily established for each population or program by the multidisciplinary treatment team. Goals formulated for one patient population may be primarily psychotherapeutic, and may be attained by effecting changes in personality structure, in conduct, and in attitude. For another, treatment may be primarily educative and directed towards identifying, utilizing and developing community treatment resources upon release.

Treatment goals postulated for a particular patient may, of course, change and develop as problems are worked through and the individual's treatment program absorbs and makes use of these developments.

(b) Staff

The part played by different staff members is largely a function of their particular training and an outcome of their own experiences. Thus the medical and psychiatric staff offer contributions in the areas of medical and psychiatric diagnosis, in psychotherapy, and such specialized areas as chemotherapy. Similarly, the training and experience of the psychological staff leads to diagnostic contributions involving psychological testing and interviewing, as well as involvement in treatment, use of learning theory concepts in behaviour modification, and group therapy.

In clinical practice, the social worker secures and appraises social history data and interprets this information for the use of the therapeutic team in the formulation of diagnosis and treatment. The social worker also collaborates with members of the therapeutic team in the treatment program. Throughout treatment, the social worker provides casework services on an individual or family basis, in addition to providing group therapy.

Chaplaincy staff give spiritual guidance, utilizing their skills by means of group and individual counseling.

Acceptance of the idea that all staff are potential therapeutic agents has led to a major change in and development of the clinic officer's role. His involvement ranges from that of an observer, who brings to the team information about the patient's general functioning, to that of discussion leader, for example, after a showing of treatment films. In the daily life at the Clinic he often becomes the substitute father, friend, or foreman to the patient.

Because change towards healthier personal goals is future-oriented and optimistic, the aftercare staff, who are closely linked with the community and with

ing; and for individual changes through family visiting and counseling nights or through "show nights" organized by patient committees, both of which provide additional opportunities for patient growth in the Clinic.

These methods illustrate the point that a variety of programs, opportunities, and methods of treatment are offered to patients, depending upon their treatment needs. This diversity of opportunities utilizes the services of the different professionals and lay-persons associated with the Clinic.

RESEARCH

A committee consisting of the superintendent, chief psychiatrist, chief social worker, and chief aftercare officer, coordinates all research within the Clinic in order to ensure a consistent philosophy of research programs, the maximum efficiency and effectiveness in the use of resources, and the best possible utilization of research findings. Present research projects include several studies of the pedophile patient, a study of the effects of the short-term helping relationship, and a comparative study of Wonderlic and Otis Beta intelligence tests.

STAFF DEVELOPMENT

Frequent, intense, and therapeutic relationships between all staff and patients are, as already indicated, basic to the Clinic's treatment concept and thus staff development is focused on improving the therapeutic quality of these relationships.

In 1968 a five-week in-service training program for Clinic officers was undertaken which received full, voluntary participation. It consisted of a brief two-week introduction to deviant behaviour and three weeks of sensitivity

training. This program continued in the fall of 1969 with assistance from the Department of Civil Service, and is ongoing. The teams conduct their own training programs and staff are encouraged to take part in outside learning experiences, courses, and conferences.

THE FUTURE

Towards the end of 1972, the Clinic will move to modern and enlarged facilities now under construction in Brampton. The new Clinic will accommodate 150 patients, in addition to 50 candidates undergoing assessment for the program and housed in a separate reception and assessment unit. This will allow for expansion and intensification of the present programs as well as for possible future introduction of treatment programs for additional patient populations.

A growing emphasis will be placed on research specifically aimed at evaluating the impact and the social value of various treatment modalities.

Bridging the gap to the community will increasingly receive more attention at the Clinic since successful reintegration is obviously the major aim of corrections. No one agency or institution can hope to solve this problem without close cooperation between all parts of the correctional system.

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